

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045837

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 692  
**FILED JAN 2 1963**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barton</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Lamar</b>  |                                  | c. CITY OR TOWN<br><b>Golden City</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Barton Co. Mem. Hosp.</b>  |                                  | d. STREET ADDRESS<br><b>None</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First <b>JAMES</b> Middle <b>CHISMAN</b> Last <b>CHISMAN</b>  |                                  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>23</b> Year <b>1962</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/25/77</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer-Oil Distributor</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Ottuma, Iowa</b>                     |
| 13a. FATHER'S NAME<br><b>Luther Chisman</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Tena Burgason</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Martha C. Chisman</b>                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 17. INFORMANT<br><b>Luther Chisman</b> Address <b>1005 S. Natl., Springfield, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gastro-Intestinal Hemorrhage</b><br>DUE TO (b) <b>C. U. D.</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cerebro-Vascular accident with Paralysis Rt Side May 11, 1960</b>  |                                  |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)<br><b>Bed patient since "stroke".</b>                           |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY  | STATE   |
| 21. I attended the deceased from <b>May 11, 1960</b> to <b>Dec 23, 1962</b> and last saw him alive on <b>Dec 23, 1962</b><br>Death occurred at <b>1:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Lern T. Bichel, M.D.</b>  |                                  | 22b. ADDRESS<br><b>Lamar, Mo.</b>   | 22c. DATE SIGNED<br><b>12/24/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>12/26/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>                        |
| 23d. LOCATION (City, town, or county)<br><b>Golden City, Mo.</b>   |                                  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><b>Phillips Funeral Home, Golden City, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>12-29-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Marie Konantz</b>                                     |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3278

P. O. Address. Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.